

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 99016]

### National Minority Organizations Immunization Projects Notice of Availability of Funds

#### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for National Minority Organizations Immunization Projects. This program addresses the "Healthy People 2000" priority area of Immunization and Infectious Diseases.

The purpose of this Cooperative Agreement is to assist National Minority Organizations (NMOs) with the promotion and improvement of childhood, adolescent, and adult immunization coverage levels.

#### B. Eligible Applicants

Assistance will be provided only to National Minority Organizations that provide documented proof that they meet the following criteria. The applicant must provide this documentation under the "Eligibility" section found in the front of the application. The applicant must:

1. Be an established, tax-exempt organization (a nongovernmental, tax-exempt corporation or association whose net earnings in no way lawfully accrue to the benefit of private shareholders or individuals). Tax-exempt status may be confirmed by either providing a copy of the pages from the Internal Revenue Service's (IRS) most recent list of 501(c)(3) of tax-exempt organizations or a copy of the current IRS Determination Letter. Proof of tax-exempt status must be provided in the application.

2. Have a specific charge from its Articles of Incorporation or Bylaws or a resolution from its governing body or board to operate nationally within the United States and its Territories.

3. Have at least three years documented experience in operating and centrally administering a coordinated public health or related program serving racial or ethnic minority populations within a major portion or region (multistate or multiterritory) of the United States through its own offices or organizational affiliates.

4. Have a governing body or board whose membership is composed of at

least 51 percent racial or ethnic minority members and who represent the population to be served. Groups recognized as racial and ethnic minorities include, but are not limited to: African Americans, Alaskan Natives, Asian Americans, Caribbean Americans, Latinos/Hispanics, Native Americans, and Pacific Islanders. Proof of minority status consisting of a list of board members, their race and ethnicity, the address and telephone number of each member, a description of each role on the board, and a description of constituents (the population, group(s) and/or organization for which they are advocates) must be included in the application. Documentation must also be provided giving assurance that the governing board is composed of more than 50 percent racial or ethnic minority group members who are representative of the population to be served.

5. Document that each of the affiliates or chapters that will be participating in the project as subcontractors have a governing body or board whose membership is composed of more than 50 percent racial or ethnic minority group members.

**Note:** Pub. L. 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

#### C. Availability of Funds

Approximately \$1 million will be available to fund up to five cooperative agreements. It is expected that the average award (including direct and indirect costs) will be \$200,000. Awards will not exceed \$300,000. It is expected that the awards will begin on or about July 1, 1999 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Applicants must allocate a percentage of the funds awarded under this program announcement to subcontract with affiliate, chapter, and/or other minority Community Based Organizations (CBOs). Awards to these agencies must be done through a competitive review process conducted by the applicant. Activities performed by the subcontractors must be toward specific program objectives of the applicant. Applicants should describe in the "Collaborating Activities" section under "Application Content" the plan

of action for the objective review process to be used to review and select subcontractors.

Funds cannot be used for construction or renovation; to purchase or lease vehicles or vans; to purchase a facility to house project staff or carry out project activities; or to substitute new activities and expenditures for current ones.

#### Funding Preference

Preference for funding will be given to: (1) Supporting projects for the following racial and ethnic minority populations listed here in alphabetical order: African Americans, Alaskan Natives, American Indians, Asian Americans, Caribbean Americans, Hispanics/Latinos, and Pacific Islanders; (2) supporting activities which are targeted toward high-risk populations including but not limited to families living at poverty levels, migrant farm workers, homeless persons, immigrants, etc.; and (3) ensuring a geographic and racial/ethnic balance of funded NMOs which serve under-immunized rural populations and population groups of low socioeconomic status who reside in densely populated urban areas.

#### D. Programmatic Interest

Applicants may focus on any or all of the three program interest areas:

1. Increase immunization coverage levels among children, birth to 10 years of age.
2. Increase immunization coverage levels among adolescents, ages 11 to 21 years.
3. Increase immunization coverage levels among adults older than 21 years of age.

#### E. Cooperative Activities

In conducting activities to achieve the purpose of the Cooperative Agreements, the recipient will be responsible for achieving the activities under Item 1. below. CDC will be responsible for activities under Item 2. below.

1. Recipient Activities (Childhood, Adolescent, and/or Adult). Recipient shall undertake certain activities, regardless of the age group(s) targeted. In conducting those certain activities, each recipient should:

- a. Provide technical assistance and training to affiliate organizations, private providers, and other agencies serving racial and ethnic minorities, as well as collaborate with State and local health departments. Technical assistance and training should focus on developing and implementing effective intervention strategies to raise coverage levels; educating providers about cultural sensitivity issues and effective

strategies that can be implemented in their practice; developing, disseminating, and marketing health communication messages that are culturally sensitive and linguistically appropriate; and building organizational capacity to sustain immunization activities, information management, and technology.

b. Identify and document effective models of collaboration of local affiliates with State and local health departments in achieving specific objectives to improve immunization levels among racial and ethnic minorities.

c. Disseminate educational products developed and share information with other national organizations, State and local health agencies, provider organizations, coalitions, and community-based organizations.

d. Develop and implement strategies to educate members of racial and ethnic minority communities about community-based immunization registries, by explaining their benefits, operations, and limitations, and by addressing misinformation and misconceptions.

e. Provide training, information and education at the national, State, and local levels, community norms that dispel uncertainties about the safety of vaccines versus the risk of contracting a vaccine-preventable disease.

f. Develop and implement a plan to ensure sustainability of program activities conducted through this cooperative agreement and to ensure its continuation after the end of the project period.

g. Evaluate all major program objectives and activities to determine programmatic and economic effectiveness.

h. Develop, implement, and evaluate affiliate organizations' activities under this Program Announcement in their respective communities.

The following are additional recipient activities for targeted program areas:

i. When childhood immunization is the program area chosen or among those chosen, a recipient should undertake activities to:

a. Develop and implement immunization initiatives with affiliates, State and local health departments, and other collaborating partners to enhance delivery of immunization services to the target populations using the "Standards for Pediatric Immunization Practices."

b. Identify and document effective programs that provide parents information explaining the immunization schedule and where to go for immunizations to protect their

children against vaccine-preventable diseases.

j. When adolescent immunization is the program area chosen or among those chosen, a recipient should undertake activities to:

a. Develop and implement immunization initiatives with affiliates, State and local health departments, and other collaborating partners to enhance delivery of immunization services to the target populations using the National Coalition for Adult Immunization's "Standards for Adult Immunization Practice."

b. Identify and document effective programs to increase the positive response of adolescents in racial and ethnic minority communities to seek out and obtain hepatitis B, MMR, and varicella vaccines.

k. When adult immunization is the program area chosen or among those chosen, a recipient should additionally undertake activities to:

(1) Develop and implement immunization initiatives with affiliates, State and local health departments and other collaborating partners to enhance delivery of immunization services to the target population using the National Coalition for Adult Immunization's "Standards for Adult Immunization Practice."

(2) Work with national and local partners to identify, implement, and document effective programs to increase vaccine coverage for influenza and pneumococcal vaccines among racial and ethnic minorities.

## 2. CDC Activities

b. Provide technical assistance in interpreting risk factors for contracting vaccine-preventable diseases.

c. Provide assistance in the evaluation of each plan component (process and outcome) through the analysis and interpretation of coverage and other relevant data.

d. Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with project officers.

e. Facilitate partnering to enhance the exchange of program information and technical assistance between community organizations, State and local health departments, coalitions, and national and regional organizations.

## F. Application Content

Use the information in the Cooperative Activities, Other Requirements, and Evaluation Criteria sections to develop the application content. Applications will be evaluated

on the criteria listed, so it is important to follow them in laying out the program plan. The narrative should be no more than 30 double-spaced pages, printed on one side, with one inch margins, and 12 point font.

### Organization Profile (maximum six pages)

1. Provide a narrative, including background information and information on the applicant organization, evidence of relevant experience in coordinating activities among constituents, and a clear understanding of the purpose of the project.

2. Include details of past experiences working with the target population(s). Provide information on organizational capability to conduct proposed project activities.

3. Profile qualified and experienced personnel who are available to work on the project and provide evidence of an organizational structure that can meet the terms of the project. Include an organizational chart of the applicant organization specifying the location and staffing plan for the proposed project.

### Program Plan (Maximum 10 pages)

For each program area under Recipient Activities:

1. Provide a needs assessment and program rationale that defines the target population using specific information including population size, geographic location, density, racial, ethnic distribution, income levels, current immunization services and resources available, gaps in services, and magnitude of under-immunization.

2. Include goals and measurable impact and process objectives that are specific, realistic, measurable, and time-phased. Include an explanation of how the objectives contribute to the purposes of the request for assistance and evidence that demonstrates the potential effectiveness of the proposed objectives.

3. Detail an action plan, including a timeline of activities and personnel responsible for implementing each segment of the plan.

4. Prepare an evaluation plan to include impact, process quantitative and qualitative measures for the achievement of program objectives to determine the health effect on the population, and monitor the implementation of proposed activities. Indicate how the quality of services provided will be ensured.

5. Provide a plan for disseminating project results indicating when, to whom, and in what format the material will be presented.

6. Provide a plan for obtaining additional resources from non-federal sources to supplement program activities and ensure continuation of the activities after the end of the project period.

#### *Collaboration Activities*

1. Obtain and include letters of support, written in the last 12 to 24 months, from local organizations and constituents.

2. Provide any memoranda of agreement from collaborating organizations indicating a willingness to participate in the project, the nature of their participation, period of performance, names and titles of individuals who will be involved in the project, and the process of collaboration. Each memorandum should also show an understanding and endorsement of immunization activities.

3. Provide evidence of collaborative efforts with health departments, provider organizations, coalitions, and other local organizations.

4. Provide evidence of plans to subcontract a portion of project activities to affiliate, chapter, and community-based organizations. Include a description of the review process to be used to review and select applications.

#### *Budget Information*

1. Provide a detailed budget with justification. The budget proposal should be consistent with the purpose and program plan of the proposed project.

2. Provide an itemized (line-item) budget categorized by objective.

#### **G. Submission and Deadline**

Submit the original and two copies of the application PHS 5161-1, (OMB Number 0937-0189). Forms are in the application kit. On or before April 1, 1999, submit the application to: Sharron P. Orum, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement Number 99016, Centers for Disease Control and Prevention, 2929 Brandywine Road, M/S E-13, Atlanta, GA 30341.

Deadline: Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or

2. Sent on or before the deadline date and received in time for orderly processing. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered

postmarks shall not be accepted as proof of timely mailing.)

Late Applications: Applications which do not meet the criteria in 1 or 2 above are considered late applications, will not be considered, and will be returned to the applicant.

#### **H. Evaluation Criteria**

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Background and Need: The extent to which the applicant understands the problem of underimmunization and proposes a plan to address the issues specific to their constituents. (15 points)

2. Capability: The extent to which the applicant appears likely to succeed in implementing proposed activities as measured by relevant past experience, a sound management structure, and staff qualifications, including the appropriateness of their proposed roles and responsibilities and job descriptions. (25 points)

3. Program Plan: The feasibility and appropriateness of the applicant's action plan to enhance immunization services delivery among constituencies and increase coverage levels. (30 points)

4. Coordination and collaboration: The extent to which the applicant proposes to coordinate activities with affiliate and chapter organizations, State and local immunization programs, coalitions, provider organizations, and other appropriate agencies. (10 points)

5. Evaluation Plan: The extent to which the applicant proposes to evaluate the proposed plan including impact and process evaluation as well as quantitative and qualitative measures for achievement of program objectives, determining the health effect on the population, and monitoring the implementation of proposed activities. (20 points)

6. Budget and Justification: The extent to which the proposed budget is adequately justified, reasonable, and consistent with proposed project activities and this program announcement. (Not Scored)

#### **I. Other Requirements**

##### *Technical Reporting Requirements*

Subject to Office of Management and Budget approval under the Paperwork Reduction Act, semi-annual narrative progress reports will be required 30 days after the end of each 6 months. The reports should document services provided and problems encountered. CDC will provide specific guidelines for documenting and reporting on program activities. Provide CDC with original plus two copies of:

1. Progress reports (semiannual);  
2. Financial Status Reports, no more than 90 days after the end of the budget period; and

3. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to Sharron P. Orum, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2929 Brandywine Road, Mailstop E-13, Atlanta, GA 30341.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

AR-08—Public Health System

Reporting Requirements

AR-09—Paperwork Reduction Act Requirements

AR-10—Smoke-Free Workplace

AR-11—Healthy People 2000

AR-12—Lobbying Restriction

AR-14—Accounting System

Requirements

AR-15—Proof of Non-Profit Status

AR-20—Conference Support

#### **J. Authority and Catalog of Federal Domestic Assistance Number**

This program is authorized under section 311 [42 U.S.C. 243] and 317(k)(2) [42 U.S.C. 247b(k)(2)] of the Public Health Service Act as amended. The Catalog of Federal Domestic Assistance number is 93.185.

#### **K. Where to Obtain Additional Information**

Please refer to Program Announcement Number 99016 when requesting information. To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Sharron P. Orum, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2929 Brandywine Road, M/S E-13, Atlanta, GA 30341, Telephone: (404) 842-6817, Email Address: [spo2@cdc.gov](mailto:spo2@cdc.gov).

See also the CDC home page on the Internet: <http://www.cdc.gov>

For program technical assistance, contact: Duane M. Kilgus, Community Outreach and Planning Branch, Immunization Services Division, National Immunization Program,

Centers for Disease Control and Prevention, 1600 Clifton Road, M/S E-52, Atlanta, Georgia 30333, Telephone: (404) 639-8375, Email address—[dgk9@cdc.gov](mailto:dgk9@cdc.gov).

Copies of the "Standards for Pediatric Immunization Practices" and the National Coalition for Adult Immunization's "Standards for Adult Immunization Practices" may be obtained from the National Immunization Program, Immunization Services Division, Community Outreach and Planning Branch, Mailstop E-52, 1600 Clifton Road, NE, Atlanta, GA 30333. Telephone: (404) 639-8375.

Dated: January 25, 1999.

**John L. Williams,**

*Director, Procurement and Grants Office,  
Centers for Disease Control and Prevention  
(CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities; Proposed Collection; Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health

Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

*Proposed Project:* Employment Sites of Nursing Graduates Supported by the Professional Nurse Traineeship Program (HRSA 98-141)—New.

Under Section 830 of Title VIII of the Public Health Service Act, Professional Nurse Traineeship (PNT) grants are awarded to eligible institutions for the support of students in advanced nursing education. Traineeships are then awarded by the institutions to individuals enrolled in graduate programs to prepare for practice as advanced practice nurses. These funds are distributed to institutions based on

a formula that incorporates three statutory funding factors. The factor to be studied is the funding preference which is given to institutions that can demonstrate either a high rate of placing graduates in medically underserved communities (MUCs), or achieving a significant increase in the rate of placing graduates in such settings.

This study is intended to assess the influence of funding preference on program performance and to determine program success in placing PNT graduates in MUCs. Approximately 5,000 graduates who received Master's or Doctoral degrees in academic years 1996-1997 and 1997-1998, including 1,200 who received PNT funds but were not graduates of the schools receiving the preference, will be included in this survey. Data will be obtained on the graduates place of residence and place of employment before, during and after their program of study. The study will examine various measures associated with the career paths chosen by these graduates and by comparing these measures within and between the two groups of graduates. Comparisons of employment sites of graduates in schools receiving the preference with those of graduates in schools not receiving the preference will indicate the significance of funding preference in promoting program objectives of increasing access to care in underserved communities. Information on both the nursing-specialty of graduates and their current employment setting will be analyzed for each of the two groups.

The estimated burden is as follows:

| Form         | Number of respondents | Responses per respondent | Hours per response (minutes) | Total burden hours |
|--------------|-----------------------|--------------------------|------------------------------|--------------------|
| Survey ..... | 5000                  | 1                        | 20                           | 1667               |

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 26, 1999.

**Jane Harrison,**

*Director, Division of Policy Review and Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for

review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

*Proposed Project:* Grantee Reporting Requirements for the Rural Health Network Development Grant Program (OMB No. 0915-0218)—Revision.

This is a request for extension of the reporting requirements for the Rural Health Network Development Grant Program authorized by section 330A of the Public Health Service Act as amended by the Health Centers Consolidation Act of 1996 (Public Law 104-229). The purpose of the program is to assist in the development of vertically integrated